



# DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



When requesting Child Protection Registry checks:

- **Allow 15 working days for results to be processed**
- **Form must be submitted to DSCYF within 90 days of signature date in order to be processed**

## PART I. APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_  
Last First Middle

Other Name(s) used: \_\_\_\_\_ DE Driver's License # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
yyymmdd

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Are you on the Delaware child protection registry for any substantiated cases of child abuse/neglect? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Delaware child protection registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature (If applicant is under the age of 18) \_\_\_\_\_

## PART II. AGENCY INFORMATION - (MUST BE COMPLETED IN ORDER TO PROCESS)

Agency Identification Number (if applicable): NA

Contact ID: NA

Requesting Agency Name: Office of the Child Advocate

Address: 900 King Street, #350 Wilmington, DE 19801

Phone: (302) 752-3774 Fax: (302) 577-6831 Contact Person: Lauren Brueckner

Contact Email: lauren.brueckner@delaware.gov

### DSCYF USE ONLY:

The individual listed above (\_\_\_ is listed) (\_\_\_ is NOT listed) on the Delaware Child Protection Registry.

Date: \_\_\_\_\_ DSCYF Criminal History Unit \_\_\_\_\_